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ABSTRACT

This paper examines statistics that appear to show a 20 percent decline in the number of students identified as mildly mentally retarded. Evidence is provided which suggests that the primary reason for these declining figures is that these children are being classified as learning disabled. Relatively loose criteria for the learning disabilities category and stringent criteria for mental retardation are seen as contributing to this trend in student classification. Statistics from California and Texas support this trend. In addition, evaluation requirements designed to eliminate over-representation of minority students in educational programs for children with mild mental retardation are credited with contributing to this reclassification trend. The paper concludes that the actual prevalence of mental retardation probably remains between 2.3 and 2.5 percent, but that these students have been commingled with other student populations. It is feared that inappropriate placement and unrealistic goals for these students may be the ultimate result. (DB)

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THE VANISHING MILDLY RETARDED STUDENT

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In a recently published report from the Office of Special Education and Rehabilitative Services (OSERS), there appears to have been a 20% decrease in the number of identified mildly mentally retarded students (Will, 1988). There are several possible explanations for this. It could be that early intervention programs implemented under Public Law 99-457 (the Preschool Handicapped Act) are paying off, or better prenatal and neonatal care could be causing a drop in the number of identified mentally retarded children. The reduction of lead and other toxins in the environment could possibly be a contributing factor. Improved testing techniques and tests that are more culture-fair (non-discriminatory testing in the student's native language, as mandated by Public Law 94-142) may be identifying fewer students as mentally retarded. Closer scrutiny by screening teams to see that the full AAMR (formerly AAMD) definition of mental retardation is followed may be identifying fewer children as mentally retarded. At first glance, one may be pleasantly surprised at the 20% drop in the number of mentally retarded students, and further believe that some positive influences are responsible for the decrease.

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However, upon closer examination, it appears that there may be another explanation for the drop in number. In fact, we may be calling these children by another name and the number of mentally retarded may have declined because they are being classified differently.

In 1987 Baumeister (cited in Kirk & Gallagher, 1989) claimed that "in a number of states the condition of learning disabilities is rapidly displacing mild mental retardation as a diagnostic entity in public schools." There appears to be a general trend which places less scrutiny on the category of learning disabilities and excessive scrutiny on the category of mental retardation. Recent policy decisions in California have led to a dramatic increase in children identified as learning disabled. California, until recently, had no clear criteria for an LD discrepancy. Therefore, this category grew markedly in size, even in comparison to national averages. On the other hand, California's classification criteria for mental retardation was very stringent; thus this category decreased relative to national figures. California has experienced marked increases in the category of learning disabilities and marked decreases in the categories of mental retardation and emotional disturbance. There was a 30% loss in mental retardation and a 156% gain in learning disabilities from 1976 to 1982. (Forness, 1985).

In other states, such as Texas, losses in mental retardation have been linked with gains in learning disabilities (Tucker, 1980). In 1973, the American Association on Mental Deficiency (AAMD) changed its cut-off for placing students in EMR programs from one standard deviation below the mean to two standard deviations below the mean, thereby excluding many students. As local districts adopted the 1973 AAMD definition of the EMR student, several states dismissed students from EMR programs and returned them to the regular classroom in large numbers. Florida was one of these states. In Florida, Mascari and Forgnone (1982) examined a group of EMR students who were dismissed from special education classes 4 years prior to the study. The dismissed EMR students who were re-referred for psychological testing and special education placement were compared to the dismissed EMR students who were not re-referred. Of the 120 dismissed EMR students, 70 were re-referred for placement in special education. Of these 70, 46% were placed in classes for the learning disabled, again backing up Baumeister's displacement theory. There were two possible reasons for placing the former EMR students in the LD classes: first, a discrepancy between performance and ability was seen as the major problem; second, placement in LD classes could have been a reflection of the philosophy of placing students into the program with the least amount of perceived stigma.

Polloway (1984) outlined two key factors that have resulted in a decrease in the EMR population: definitional changes in the Grossman manuals from 1977 to 1983 with diagnostic criteria for the IQ dimension becoming more stringent and more emphasis being placed on the concept of adaptive behavior for school-age children, and the sociological perspective on retardation advanced by Mercer and others who emphasized an out-of-school concept of adaptive behavior, successful early intervention, and preventative programs with poverty-level children.

Declassification (taking students out of the classification of EMR) is the most obvious change taking place in the EMR population. Changes in the identification criteria for the category EMR have significantly decreased the number of mildly retarded students in several states, particularly California. Several studies have conducted statistical analyses which project the consequences of using more restrictive criteria for identifying mildly retarded students. Reschly (1981) estimated that implementation of the criteria built into the SOMPA, System of Multicultural Pluralistic Assessment (designed to eliminate overrepresentation of minority students in educational programs for mildly retarded children) would result in a prevalence of under .5% for mild retardation, which would significantly decrease the number of children eligible

for services. Childs (1982) came up with similar results, finding that the use of the third percentile on SOMPA's Adaptive Behavior Inventory for Children as a cutoff, along with deficits in measured intelligence would result in the declassification of 80% of the EMR population.

In Kirk's 1972 edition of Educating Exceptional Children, 1% of school-age children were identified as learning disabled. By 1987, over 4.5% of the school-age population was identified as learning disabled, an increase of almost 1 million children since 1978 (Kirk & Gallagher, 1989). One reason for this vast increase is the referral of students with no learning disabilities. To further decimate the category of mental retardation, as well as other exceptionalities, Shepard and Smith (1983) found that an astonishing 57% of students ruled learning disabled are not, in reality, clinically learning disabled. Ten per cent of these are children with mental retardation and other handicaps.

Forness (1985), in his article on EMR and LD placement in California, states that Californians need to question whether it is bad policy to classify retarded children as learning disabled. He says that retarded children need a comprehensive program of social and academic skill development rather than specific remediation in one or two school subjects (which they get when placed in an LD program). Mentally retarded

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children may suffer educationally when placed in programs for the learning disabled simply for the sake of receiving services for which they are ineligible under other categories.

Today's special educator would be quite safe in assuming that the prevalence of mental retardation remains between 2.3 and 2.5%, as reported by the AAMR (formerly AAMD). The position of this paper strongly suggests that there has not been a dramatic decrease in the prevalence of mildly retarded students, but rather that these students have been commingled with other student populations without a proven research basis for this action. This commingling and/or mislabeling is extremely unfair to parents, educators, and students themselves. Inappropriate placement and curriculum planning, along with unrealistic goals for these students, may well be the ultimate result.

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